Embalming

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	942)
County Jalvot	Registration Dist. No. 291
Village or City Claiborne	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME alonga a Ben	mett no vetron
(a) Residence: No. La Lallo (Usus) place of abode)	A.St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 6 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (month, dey, and yeer) Queguel 19, 1881	I lest saw h List cliva on Oct 16, 19 37; death is said
7. AGE Years Months Days If LESS then	to heve occurrad on the dete stated above, et. 6 Pam.
56 / 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows:
8. Trede, profession, or perticuler kind of work done, as SPINNER, Engineer SAWYER, BOOKKEEPER, etc.	Questina fissofore
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	- Visignation fice in the
Date decesed lest worked et Syst. 11. Total time (yeers) spent in this occupetion (month end yeer) 19.37 occupetion	
12. BIRTHPLACE (city or town). Pld Banke (Stete or country) monmobile, Pa	Other Contributory Causes of importance: Author Scleroaco
13. NAME William Bennett	<u> </u>
13. NAME William Bennett 14. BIRTHPLACE (city or town) Bed Bank (Steta or country) monmobble	Neme of operation
, and	What test confirmed diagnosis? Was there an eutopsy? // Was there are eutopsy? // Was the was
16. BIRTHPLACE (city or town) new yorks	23. If deeth was dua to extarnel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicida?
2 (Steta or country) 17. INFORMANT Franks Sherman (Address) Considerate Sherman	Where did injury occur? (Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Pleca Little Silver, n. J. Data October 17, 1937	Manner of injury
19. UNDERTAKER J. Ozoman marshall (Address) St. michaels md	24. Wes disease or injury in any way releted to occupation of deceased? If so, specify
20. FILED Oct 16, 1937 John Huwales. Local Registrar.	(Signed) M. D. M.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

- 1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of cpilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(B)
County Collot	Registration Dist. No. 290
Village or City Western - (If	death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of rasidanca in city or town where daath occurradyrs,mos.	How long in U. S. if of foreign birth?mosds.
2. FULL NAME Meluzina Bro	roles
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATHO
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (mire the word)	Cest 6 193 7
5a. If marriad, widowad, or divorced	(Month) (Day) (Yeaf)
HUSBAND OI (or) WIFE of Levi Broaks	22. HEREBY CERTIFY. That I attandad deceased from
6. DATE OF BIRTH (month, day, and year) 1884	I last saw her aliva on Oct 3 ,1937; death is said
7. AGE Years Months Days If LESS than	to hava occurrad on the data statad abova, at 5
53 3 /8 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causas of importanca ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Howks SAWYER, BDDKKEEPER, etc.	Chronic International
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and	
ID. Date deceased last worked at this occupation (month and 1937) 11. Total time (years) spent in this occupation occupation.	flepsman 1931
12. BIRTHPLACE (city or town) handland	Othar Contributory Causes of Importanca:
(Stata or country)	
E 13. NAME LONGE TOUSEN	A
13. NAME 13. NAME 14. BIRTHPLACE (My or town) 14. BIRTHPLACE (My or town) 15. Clark or country)	Name of operation
(State of Country)	What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME CONTROL	f daath was due to extarnal causas (YIDL ENCE) fill in also tha following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. State or country	Accident, suicida, or homicide 2
(State or country)	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT (Addrass)	Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place VILLE CONTROL OF 1937	Manner of injury
19 UNDERTAKER CANADA TO TO THE CANADA TO THE	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED ! 1 7 , 19 3 7 M. Merry	(Signed) amlo 63. Menutt 3 M.D.
Registrar.	(Addrass)

If more blanks are needed, address State Registrar, 24 tr. N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year A A STATE OF THE S

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(A)	
County Tal	lot	Registration Dist. No. 290	
Village or City	tou	. 7	Ward
Length of residence in city	wn where deeth occurredyrsn	No. St., (If death occurred in a hospital or institution, give its NAME instead of street and number) os. How long in U.S. if of foreign birth? yrs. mos.	de
LIM.	R.,+	•	
2. FULL NAME		If U. S. Veteran, specify WAR	•
Residence: No	(Usual place of abode)	St., Ward. If nonresident give city or town and State	~~~~
PERSONAL AND	STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR O	OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yea	7
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERT1FY, That I attended deceased	from
(or) WIFE of			
6. DATE OF BIRTH (month, day, and	d year) Oct. 10, 1937	i last saw h alive on	is seid
7. AGE Years	Months Days If LESS than	to have occurred on the date stated above, at	
SIL	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows: Date of Date of	onset
8. Trade, profession, or partice kind of work done, es S	PINNER, (
kind of work done, as S SAWYER, BOOKKEEPER, Industry or business in whit work was done, as SILK SAW MILL, BANK, etc 10. Date deceased last worked this occupation (month a	ich	20:00	
work was done, as SILK SAW MILL, BANK, etc.	MILL,		
- I mis occupation (month o	nd spant in this		
year)	occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	Castory		
1	00		
I	Santa	No. of a salin	
f4. BIRTHPLACE (city or town). (State or country)	mid'	Neme of operation Date of What test confirmed diegnosis? Wes there an au'opsy?	
# 15. MAIDEN NAME	harring Butler	23. If death was due to externel causes (VIOLENCE) fill in also the following:	
f5. MAIDEN NAME (city or town).	Easton	Accident, suicide, or homicide?	
∑ (State or country)	nid'	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address)	Harris	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,	
18. BURIAL, CREMATION, OR REMO	DVAIR D.	Menner of Injury	
Plece Caston	md. pate 10/12 13	Nature of injury	
19. UNDERTAKER	re Skerund	24. Was disease or injury in any wey related to occupation of deceased?	
(Address)	ston md,	If so, specify P	2
20. FILED 10/12 193	37 M. H. neeres	(Signed) Atalk	79.9
/	Registrar.	(Address) Caston, Mid	

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	Example I	1	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attock of epilepsy	1 week ago
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	NOV 6 1901	July 5,1927	Peritonitis	3 doys ago
	BUREAU			
Other contributory ca	K -		Other contributory causes of importance:	
Gollstones		Moy 1,1923	Gastroenteritis	1 year
			1	

STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH		9		90
County Salbat			Registration Dist. No	290
Village Dr City a aston	·/1	ND. O Mas gency f death occurred in a hospital or institution.	Nospital St.	
ength of residence in city or town where de	oth occurredvrsmo	ds. How long in U.S. if of for	eign birth?	and number)
2. FULL NAME Mr. Elmo	4 Busses	If U. S. Veteran, spec		
(a) Residence: No. Federa	Colina Dans	P 2. D. Ward.	alawa.	
(c) monation with the contraction of the contractio	(Usual place of abode)	1, - p., y - j	If nonresident give city or town	and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CER	TIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	2041 2	П
Male White	Single	(N	Month) (Day)	, 193 /
5e. If married, widowed, or divorced HUSBAND of	0			
(or) WIFE of		12. HEREBY C	ERTIFY, That I etten	ided deceased i
6. DATE OF BIRTH (month, day, and year)	wil 11. 1863	liast saw haring elive of Oc	1 2 10°	3.7: deeth is
7. AGE Years Months	Days If LESS than	to have occurred on the dete steted abo	nve at // P/ m	T-1-; deeth is
14 5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH en	,	
- 8. Trede, profession, or particular	0 ormin.	were appliows:	- 1. 7 K	Date of o
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tired Manufactur	15	1000	0/1
9. Industry or business in which	1 4-			
work wes done, as SILK MILL, for SAW MILL, BANK, etc.	let quis	-		
this occupation (month and	11. Tolel time (yeers) spent In this			
year)	e occupation	Other Contributory Causes of Important		
12. BIRTHPLACE (city or town)	Brunswick	other control of the portain	10 6	
(State or country)	7.5			
14. BIRTHPLACE (city or town) Dew	wett Burner			
14. BIRTHPLACE (city or town) Dewy	Brunserck	Name of operation	Dete	of
(State of country)	ng	What test confirmed diegnosis?	wes there	an eutopsy?
15. MAIDEN NAME	ghiste Morter	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the folic	wing:
15. MAIDEN NAME (Level ()) 16. BIRTHPLACE (city or town)	Breenseirel	Accident, suicide, or homicide?	Date of injury	, 19
(State or country)	ny	Where did Injury occur?	6	
17. INFORMANT Mrs. Mariette	- grolfe	Specify whether Injury occurred in IND	Specify city of town, county and SUSTRY, in HDME, or in PUBLIC	C PLACE.
(Address) Macungie	Pa			
18. BURIAL, CREMATION, OR REMOVAL	10/6 :27	Manner of injury		
Place Sloomery Ma	Date	Neture of injury		
19. UNDERTAKER 5.5 Fram	tom & Son	24. Was disease or injury in any wey re	lated to occupation of deceased	?
(Address) Federal	bourg Md	If so, specify	1-21-0-	
20. FILED 10/3 , 1937 //-	H Meini	(Signed)	>10pe	-1
		(Address)	6 /	mol)

ING INK—THIS IS A PERMANENT RECOND. Every item of infor-AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B.—WRITE PLA

V. S. No. 1

WITH UNFADING INK-THIS IS A PERMANENT REC

MARGIN RESERVED FOR BINDING

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Example I	i	Example II	
The principal eause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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NOT 6 TELL			
Other contributory eauses of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		——————————————————————————————————————	
County Vallot		Registration Dist. No. 2	10
Village or City Gaston		No meraquer Hoerital st.	War
Length of residence in the or town whera death occurr	edprsmos	f death occurred in a hoppital or institution, give it NAME instead of street and included the control of the c	number) osd
2. FULL NAME	Co	oke If U. S. Veteran, specify WAR	
Residence: No.	mbridge 2	ulst., Ward. Ooreli Co	•
	I place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL P.		MEDICAL CERTIFICATE OF DEATH	
T. COLOR OR MACE S. ORIGIN	VORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 7 (Yaar)
5a. If married, widowed, or divorced HUSBAND of	0	22. OLHEREBY CERTIFY. Thet I attended	da
(or) WIFE of		Uct. 16 1937 to Oct 16	19 3
6. DATE OF BIRTH (month, day, and year)	6-1937	1 lest saw has all ve on Oct. 16 1937	.; deeth is s
7. AGE Yaars Months Da	ys If LESS than	to have occurred on the date stated above, at LO. C. m.	
	or 2.8 min.	The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:	Date of one
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			
		Uneusluse 5 mo.	
O. I work were done on CII V MIII			
	Total tima (yaars) spent in this		
year)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Gaston		other Canada Canada of Importance.	
(State or country)	and		
13. NAME John 6 dward.	Cooke	1	
13. NAME John 6 durard 14. BIRTHPLACE (city or town) Dorchest	er County	Name of operation Store Causas Della Date of	10,16
(State or country)	yland !	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME & muly Misso 16. BIRTHPLACE (city or town) Carrier (State or country)	are Moore	23. If daath was due to extarnal causes (VIOLENCE) fill in also the following	:
[16. BIRTHPLACE (city or town)	udge.	Accident, sulcide, or homicide? Date of Injury	, 19
(State or country)	ryland	Where did injury occur? (Specify city or town, county and State	
17. INFORMANT / Ha. Comily M. (Address) Cambridge	nake	Specify whather Injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	ACE.
18BURTAL, CREMATION, OR REMOVAL		Manner of Injury	
Place Compengency L'aspertabate	0-16 ,1937	Nature of Injury	
19. UNDERTAKER - Que garage	, Josep. T.	24. Was diseese or injury In any way related to occupation of deceased?	
(Address)	me	If so, specify	
20. FILED 10/160, 1937 M.J.	Messus.	(Signed) Zu Helm	. M
20. FILED	Registrar.	(Address) Earton un	,)

AGE should be stated EXACTLY. PHYSICIANS should state

B.—WRITE PLAKLY, WITH UNFADING INK—THIS IS A PERMANENT REC

MARGIN RESERVED FOR BINDING

V. S. No. 1

ż

ord. Every item of infor-

of OCCUPA-

Exact statement

properly classified.

be

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ne principal cause of death and related causes importance were as follows: tack of epilepsy un over by street car critonitis	1 week ago
	1 week ago
ritonitis	-
	3 days ago
ther contributory causes of importance:	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Sec. 29

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Tallot	Registration Dist. No.
Village or City	No. St., W f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in the or town where death occurred	sds. How long in U.S. il al lareign birth?yrsmos
2. FULL WIME Varnett he Dear	If U. S. Veteran, specify WAR
Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
ausle White Worlow	(Month) (Oay) (Year)
5a. If married, widewed, or divorced HUSBAND of (or) WIFE of College J	22. OF HEREBY CERTIFY. That Vattended deceased 1
6. DATE OF BIRTH (month, day, and year) 700 1- 18024	I last saw half alive on Oct 14 ,19-37; death is
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 3m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cornay Turmbres 10-9
SAW MILL, BANK, etc	
11. Total time (years) spent in this occupation (month and year)	
12. BIR (HPLACE (CITAOT town)	Dther Contributory Causes of importance: 400 400 400
(State or country)	Clismic Webluitis year
13. NAME blue W Stelen	
13. NAME 14. BHTHPLACE (city or town).	Neme of operation Date of
(State of country)	Whet test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. if deeth was due to externel causes (VIOL ENCE) fill In elso the following: 200
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury
17. INFORMANT Miss Grace No. Dane	Where did injury occur?
(Address)	1000
Place Jacob Mod Date 1/16 192	Manner of injury
19. UNDERTAKER aug Company	24. Was disease or injury in any way related to occupation of deceased? MO
(Address) Egyptoni Mad	il so, specily ALCO CI
20. FILEO 10/15 , 1937 M. H. Merry Registrar.	(Signed) Goldwess Gol

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
the transfer			
and the distribution of the state of the sta			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes bate of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1921 Run over by street car Chronic interstitial nephritis 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gallstones 1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Jalhor	Registration Dist. No. 290
Village or City Gaston (If	No. Only gency North St., Ward death occurred in a hospifyl or institution, give its NAMF/instead of street and number)
Length of residence in city or town where death occurred	How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Mars Carrie & Glis	If U. S. Veteran, specify WAR
(a) Residence: No. Queenstown, Md (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH October 7, 193 7 (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of ZV , S Ellis	22. Of HEREBY CERTIFY Thet I attended decessed from 1937 to Oct 17 1937
6. DATE OF BIRTH (month, day, and year) July 8. 1865	l lest saw h D alive on Och 17 , 19.31; deeth is said
7. AGE Yeers Months Teys If LESS than	to heve occurred on the date steted above, et 2:40 A:m.
72 3 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or perticular	were es tollows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	
9. Industry or business in which work was done, as SILK MILL.	afoflety, 10/16/20
SAW MILL, BANK, etc.	(1757
10. Oate deceased last worked at this occupation (month and yeer) spent in this occupation	
O A A	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) Coulcille	
4. BIRTHPLACE (city or town) (State or country)	Name of operationOate of
(State of country)	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Mary Sodiere	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mary Sodiered 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT / Ma. Ille H. Road (Address) 8 23 Cadas Wil Del.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Oate 19 , 19	Neture of injury
19. UNDERTAKER Bailou Brothers (Address) Constrainte New	24. Wes disease or injury in any way releted to occupetion of deceesed?
20. FILEO 10/18, 1937 M. A. Neurus Registrar.	(Signed) (Aldress) Gaster Nd, M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	to the same
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy 0 2 1937	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF PEATH County 0 Registration Dist. No. Village or City Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foralgn birth? vrs. mos. ds. Length of residence is 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) nowen (Month) 5a. If married, widowed, or diversed HUSBAND of ERTIFY. That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, dev. and year) 7. AGE Months Days If LESS than to have occurred on the date steted above, et. I deyhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importence or ____ min. Date of onset 8. Trada, profession, or particular CUPATION kind of work dona, es SPINNER, SAWYER, BDDKKEEPER, etc.___ 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) spent in this 53. 10- Data deceasad last worked et this occupation (month and occupetion ____ 12. BIRTHPLACE (city or town) (Steta or country FATHER 13. NAME 14. BIRTHPLACE (city or town) Neme of operation. (State or country) What tast confirmed diegnosis? ----- Was there en eutopsy? MOTHER 15. MAIDEN NAME 23. If death was due to externel causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? Oate of injury 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18, BURIAL, CREMATION, OR REMDVAL Mennar of injury 19. UNDERTAKER (Address) If so, specify -, 19.3 (Signed) (Address) Registrar. more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1111 2 2 6	16			
Mos 1.	San			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Fally	Registration Dist. No. 2. 9
Village or City Near MA Smilt	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Sunnelsking Ita	ec If U. S. Veteran, specify WAR Mone
(a) Residence: No hear he Daniel	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. THEREBY CERTIFY Thet I attended deceased from
6. DATE OF BIRTH (month, dey, end yeer) Jan & 1876	lest saw have elive on Od 1937; deeth is said
7. AGE Yeers Months Deys If LESS than	to heve occurred on the date stated above, at Q. A. m.
6/ 9 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence
8. Trede profession or perticular	Date of onset
	01 711- 7
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	mone commus
11. Total time (years) this occupation (month and year) year) 12. Total time (years) spent in this occupation	/
12. BIRTHPLACE (city or town) Brzman Juliot Co (State or country)	Other Contributory Causes of Importance:
¥ 7.01 - 0 M	Neme of operation Date of
I4. BIRTHPLACE (city or town) Green country)	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Sugan R Preston	23. If deeth wes due to externel causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME Suran R Creston	Accident, suicide, or homicide? Date of Injury, 19
Stete or country)	Where dld Injury occur?(Specify city or town, county and State)
17. INFORMANT Letter France Julbet Co	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece ST Miskagls Date Cot, 17 th, 19 37	Manner of injury
19. UNDERTAKER LUNAMA SHASSINGS. (Address)	24. Wes disease or injury in any wey releted to occupation of deceesed?
20. FILED. Oct 16, 1937 Loku Hovevales. Registrar.	(Signed) St Muchagle M.D.

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- 1	Example II	! -
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

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(Address)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
NOV 6 1991	12		
Other contributory causes of importance:	13	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
24			

r. te		STATE OF MARYLAND—	CERTIFICATE OF DEATH
of infor-		1. PLACE OF DEATH	(23)
	3	County Sally	Registration Dist. No. 290
item of should of	1	Village or City Caston 7nd	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
× 00 +		Level of residence in city or town where deeth occurred	
CORD. Every PHYSICIANS		2. FULL NAME Dono las Q. Johns	
		(a) Residence; No.	If U. S. Veteran, specify WAR
RECORD. PHYSI		(Usual place of abode)	If nonresident give city or town and State
RECO PH Exact	act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FX		3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
IDING MANENT A CTLY assified.		5a. If married, widowed, or divorced	
BINDIN ERMANI EXACT		HUSBAND of Cor) WIFE of Mand	22. HEREBY CERTIFY That I ettended deceased from
SIN ERN EX	5	C DATE OF BIRTH (2004) 400 - 1 /13 / D 4-	1937 to Cot la 1937 death is said
P P P	cat	6. DATE OF BIRTH (month, dey, end year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 230 4 m.
FOR IS A P stated	certificate	3/ 8 2-3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
- 70		9 Trade profession or particular	Dete of onset
THIS d be	78	O kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which	Lubucutoro 4/1/3
RESERVED G INK—THIS NGE should be	back	9. Industry or business in which work was dona, as SILK MILL wholes ale 3	////
INK.	1 4	11. Total time (years)	
RES VG I	-	this occupation (month and year) spent in this occupation	Dther Contributory Causessof importance:
24		12. BIRTHPLACE (city or town)	Quette Melsenditis 9/15/
MARGIN UNFADI supplied.	truc	(State or country)	
MARGI UNFAI supplied.		I3. NAME 13. NAME 14. BIRTHPLACE (city or town)	
MA FH U y sul	See	I4. BIRTHPLACE (city or town).	Name of operation Date of
WITH efully	316	(State of country)	What test confirmed diagnosis? Was there en autopsy?
	an	E 15. MAIDEN NAME Mary Burrouse.	23. if death was due to external causes (VIOLENCE) fill in elso the following:
MLY, be cal	ort	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
		Your Did	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
FLA Should	very	17. INFORMANT (Address) San Tana	Specify whether injury occurred in Thousand, in Home, of the Post to Place.
E PL	- 1	18. BURIAL, CREMATION, DR REMOVAL	Menner of injury
WRITE	Z	Piace Paston Prod. Date 10/8 ,1937	Nature of injury
-WRITE	TION	19. UNDERTAKED acces of Source,	24. Was disease or injury in any way related to occupation of deceased?
No.		HARdress) Easton High	if so, specify
8. Z		20. FILED 10/7 , 1937 11- A. Menny	(Signed) Julyman O. of fulf y M. D.
P P4	1	Registrar.	(Addrass) (Labort Med
		aj more vianko are necucu, auurem State Registrat,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 9			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
	Mag 1,1020	734	1 year

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

PHYSICIANS should state

of OCCUPA.

Exact statement

N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Jolfat	Registration Dist. No. 293
Village or City Cordavo	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? 3 1 yrs. 10 mos ds.
(11.00. 1	P
2. FULL NAME Joseph William to	If U. S. Veteran, specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Price the word)	21. DATE OF DEATH LOVE 28 1937
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND OF Margaret Barbara Kolin	22. AI HEREBY CERTIFY. That I attended deceased from 1935, 10 Clober 28, 1937
6. DATE OF BIRTH (month, daylend yeer) wy 10 1884	I lest sew h./ M. elive on October 28 , 1937; deeth is seid
7. AGE Yeers Months Deys If LESS then	to have occurred on the dete steted above, attiliber.
53 3 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER,	Jaccoma, Tymplao abautzym
SAWYER, BOOKKEEPER, etc.	Cervica /
work was done, es SILK MILL, SAW MILL, BANK, etc.	
kind of work done, es SPINNER, Coborer 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed lest worked et this occupation_gnonth and spent in this,	
year) 9 3 0 occupation 1 24	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Dennes Semata, #	Color Colors V. Importance
(Stete or country) Auguan	
13. NAME Christophel Kolin	
14. BIRTHPLACE (city or town) Dennes Termsto	Name of operation none Dete of
(Stete of country) range or 1	What test confirmed diegnosis Clessell further was there an autopsy 200
15. MAIDEN NAME Elizabeth Luglos 16. BIRTHPLACE (city or town) Wennes Sermata	23. If death was due to externel causes (VIOUENCE) fill in also the following:
16. BIRTHPLACE (city or town) Servata. (State or country)	Accident, suicide, or homicide?
(State of County)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT MAS (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place St. Josephia Cametary Date Och 30 - 1937	Nature of Injury
19 UNDERTAKER Earl W. Stafford	24. Was disease or injury In any way related to occupation of deceased?
(Address) // Easton Mdx	If so, specify
20. FILED 1937. J. L. Jardreev. Registrar.	(Signed) M. D. (Address) Audigely M.S.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV	July 5,1927	Peritonitis	3 days ago	
	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEATH		
County / alfat	Registration Dist, No. 290	
Village or City 6 Ton Manyland	Personal advantable of The	Ward
THE STATE OF THE PARTY OF THE P	If U. S. Veteran, specify WAR	
(a) Residence: No. (Usual place of abode)	St., Ward. Mantes, M. C. If nonresident give city or fown and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Yea	or)
5a. If married, widowad, or divorced HUSBANO of (or) WiFE of	22. HEREBY CERTIFY. That I attanded deceased	from 37
S DATE OF RIPTH (month day and year) Ont. 6 193 7	I last saw han aliva on Oct	s said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than 1-day, 5-hrs. or min.	to have occurred on the data stated abova, atm. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	
9 Trade profession or particular	Remobile 1014	137
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaasad last worked at this occupation (month and		
this occupation (month and spars)	Other Contributary Causes of importance:	
12. BIRTHPLACE (city or town) Consengently Josephan f. (State or country) Gasford Maryland		
13. NAME M. Cohert Tennon		
13. NAME M. Robert Yennou 14. BIRTHPLACE (city or town) No angule (State or country)	Name of oparation	lo
15. MAIOEN NAME Miss Sentrude Quidless 16. BIRTHPLACE (city or town). Mantes (State or country)	23. If death was dua to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
(State or country) 17. INFORMANT Mrs. Gertunde Renman (Addrass) Manten n.C.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18, BURIAL, CREMATION, OR REMOVAL Piace Consequences Hope Lad Date 10/6, 1937	Manner of injury	
19. UNDERTAKER Energy Hrepful (Address) & Address	24. Was disease or injury in any way related to occupation of deceased?	
20, FILED 0/6 , 1937 M. Merrus Registrar.	(Signad) (Address) 6 autou ma	_м. о.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

SIAI	IE OF MARYLAND	CERTIFICATE OF DEATH	1197
1. PLACE OF DEATH		N7-av	1100
County Callot	<i>-</i>	Registration Dist. No. 29	1
Village or City It.	michaele	NoSt., (If death occurred in a horpital or institution, give its NAME instead of street and	Ward
Langth of residanca in city or tov	wn where deeth occurredyrs	_mosds. How long in U.S. If of foreign birth?yrsm	
2. FULL NAME Jam	er R. marshall	If U. S. Veteran, specify WAR Mone	
(a) Residence: Nø.	aff michaele, n	St. Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
	ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR R white	OR DIVORCED (, 193 (Year)
ie. If married, widowed, or divorced HUSBANO of			
(as) WIEF of	lia marchall	22. HEREBY CERTIFY That i attended	deceased from
DATE OF BIRTH (month, day, and ye	par) exept 12 186	6 I lest saw h LLL aliva on ON 20, 193	; death is said
. AGE Years M	Months Days If LESS th	- The state of the date state of the state o	
71	8 1 day,		Date of onset
8. Trade, profession, or perticular kind of work dona, as SPIN	MMED /-		- Date of onset
SAWYER, BOOKKEEPER, etc	Tarner	(2)	
9. Industry or business in which work wes done, as SILK MILS SAW MILL, BANK, etc	LL,	Proucho Juliuloma	ver)
10. Date deceased last worked at	11 Total time (upper)		
this occupation (month and year)	1932 spent in this occupation	0 yu	
nin Tilhi Lor (-ih	Tallrot Co	Other Contributory Causes of Importance:	
(State or country)	me		
13. NAME Nichola	a 2. maishall		
14. BIRTHPLACE (city or town)	Jallot Co	Name of operation	-
(State or country)	_ mel	Whet test confirmed diegnosis?	autonsy? 70
15. MAIDEN NAME Harr	iet Clummer	23. If deeth was dua to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)	Jallot Co.	Accident, suicide, or homicide? Oate of injury	
E (State or country)	md	Where did injury occur?	
17. INFORMANT Seorge (Address)	- marslace	(Specify city or town, county and Sta Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PL	te) .ACE,
18. BURIAL, CREMATION, OR REMOVAL Place Par hers, Je	near Dt mighaels	Menner of injury	
19. UNOERTAKER NUMA (Address)	m + Harrison	24. Was disease or Injury In any way related to occupation of daceased?	No
20. FILEO QCZZ1 . 1937.	John Hwwales Local Registra	(Signed) St This	9 M. D.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
NOV 5 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	13 Y	PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-ALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

-WRITE PLAN

V. S. No. 1 Ä STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	952	
County Al Valbot	Registration Dist. No. 2 9	4
	NOSt.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,_St.,	Ward
	ds. How long In U. S. if of foreign birth?yrsmos	ds.
2. FULL NAME Teorge a. Mc Far	land	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I stjended do	eceased from
6. DATE OF BIRTH (month, day, and year) august 12 1864	I last saw here solive on Oct 3, 19 7;	death is said
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importanca were 3 follows: //	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Diser.	3.7/1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this recursion works and the second last worked at this recursion works and the second last worked at this recursion works and the second last worked at this recursion works and the second last worked at the second last worked last worked at the second last worked last		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) Elkton	Other Contributory Causes of Importance:	
(State or country) ?nd.	Plus eden	12 ten
13. NAME Richard Me Farland	1	
13. NAME Richard Me Karland 14. BIRTHPLACE (city or town) Elkton (State or country)	Name of operation Data of What test confirmed diagnosis? Was there an au	toney?
15. MAIDEN NAME Elizabeth Jagard 16. BIRTHPLACE (city or town) Cecil Country	23. If death was due to external causes (VIOLENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town) Cell County (State or country)	Accident, suicide, or homicide?	
17. INFORMANT Lenette Mac Beath (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL Place Elkton and Dete Oct. 16 1937	Manner of injury	
19. UNDERTAKER Newmann & Harrison (Address)	24. Wes disease or injury in any way related to occupation of deceased?	D)
20. FILE Cert 13 1927 Cening Carry Thomas	(Signed) Trung H Selle	M. D
A. Registrar.	(Address) Waller	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s	- A		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

15 30 000

STATE OF MADVI AND CEDTIFICATE OF DEATH

Agt	STATE OF MARTLAND	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	1156
	County Jalbot	Registration Dist. No. 290
5 5	Village or City Caston Md.	No. Emergency Hospital St. Ward
·= 0 /	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS		ds. How long In U.S. if of foreign birth?yrsmosds.
Every CIANS ement	2. FULL NAME Mrs. ada Me Mal	lace If U. S. Veteran, specify WAR
kD. Every YSICIANS statement	(a) Residence: No. Federalsburg Med.	St., Ward.
Contract of the contract of th	(Usual place of a ode)	If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
图 2 图	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (wante the word)	21. DATE OF DEATH
F.F.	Ternal While Wedowed	(Month) (Oay) (Year)
NEN C T I ified.	5a. If married, widowed, or divorced HUSBANO of	
BINDIN EXAC y classifi te.	(or) WIFE of Thomas It Mr. Mahay	1 HEREBY CERTIFY, Thet, I attended deceased from
C X X E	6 DATE OF RIRTH (month day and year) OF 1.76 /860	00 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	C. DATE OF BIRTH (MONTH, OLD), and year)	l lest saw held elive on 192, death is said
R A A ber	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PBINCIPAL CAUSE OF DEATH and related causes of importance
FOR IS A I stated properlifical	ormin.	were as follows:
- 10	8. Trade, profession, or particular kind of work done, as SPINNER, Houseunfe SAWYER, BOOKKEEPER, etc.	sur morgalis ascent
E Hade	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 1 Industry or business In which	Willy Celluly of Nies
ERVI K—T hould may back	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	3/
RESERVED G INK—THIS GE should be that it may be that it on back of	O 10. Date decessed last worked at 11. Total time (years)	
RES VG II AGE that ons o	this occupation (month end spent in this occupation	
7 4 - 0	Harmony:	Other Contributory Cause of Importance:
IN DI	12. BIRTHPLACE (city or town) (State or country)	77 10 57 47XC - 0 11 22 24 41
FA Fied ms, str		Christ Manualtivitati
41: L. D. W	E / 1/2	De de de la constante de 1812
E	14. BIRTHPLACE (city or town) 15 across the (State or country)	Neme of operation Date of Date of
Fig.		What test confirmed diagnosis? C. Class C.41 Was there an autopsy! No
MLY, W be careful EATH in important	15. MAIDEN NAME Sarah 2. Hignett 16. BIRTHPLACE (city or town) 7 ederal abour 9	23. If death wes due to external causes (VIOLENCE) fill in also the following:
ort H		Accident, suicide, or homicide?Oete of Injury, 19
FALY, be ca	(State or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT Mr. Koland H. Mc Mahay	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
S-PLA should OF D	(Address)	
eth 10	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place Transactiff Date Date 1957, 1957	Nature of injury
WRITE CAUSE TION is	19. UNDERTAKER /1/19 Jalcel Loca	24. Wes diseese or injury In any way related to occupation of deceased?
9	(Address) Restau 111d.	If so, specify
92	20. FILEO 10/29, 137 M.H. Neurus	(Signed) M.C. Jenny M.O.
P Z	Registrar.	(Address) Accelebelling ma
	If more blanks are needed, address State Registrar	2411 N. Charles Street Baltimore Requesting 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
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Arteriosclerosis		001915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	MOA O	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1	July 5,1927	Peritonitis	3 days ago
		material control of the control of t		
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIA:	N
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1. PLACE OF DEATH	CERTIFICATE OF BEATH 1130	10
County Tallot	Registration Dist. No. 290	
Village or City 6 actor	No. Corresponded No. Constitution, give its NAME instead of street and number	Ward
2. FULL NAME De No. St. Michael Mervine (Usual place of abode)		ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) male white marries	21. DATE OF DEATH October (Month) (Day) (Y	YgGr)
5a. If metried, widowad, or divorced HUSBAND of (or) WIFE of HOTH W. Harrison	22. HEREBY CERTIFY, That I attended decass October 16, 197, to October 20, 19	sad from
6. DATE OF BIRTH (month, day, and year) 6. Days if LESS than 1 day,hrs.	I last saw h alive on Oct. 20, 19.37; deat to heve occurred on the date stated above, at 2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	th is said
ormin.	wass so follows:	otonset
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BODKKEEPER, etc	Turpura Herrorstagica 10	-1.4.3
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decassad last worked at this occupation (month) and year) 11. Totat tima (years) spent in this occupation 12. Totat tima (years) spent in this occupation 13. Totat tima (years) spent in this occupation 14. Totat tima (years)	Othar Contributory Causes ot importanca:	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 13. NAME 10.	Hypertrophied frontate 5	yn?
14. BIRTHPLACE (city or town) Corolege Cs (State or country)	Name of operation Date of Wes there an autopsy	v? ~~
15. MAIDEN NAME School Butcher 16. BIRTHPLACE (city or town) Caroline Co (State or country)	23. It daath was due to external causes (VIOLENCE) fill in also tha following: Accidant, suicida, or homicide?	19
17. INFORMANT May Won. C. Janes Mills Mid.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMASION, DR BEMOVAL Place Castou Deta 22, 1937	Manner of injury	
19. UNDERTAKER LEWWALL & Harrison	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 40/21, 19 37 7 7 7 Nerres Registrar.	(Signad) (Addrass) 3 as tone and	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis , NOV 6 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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_	(ale)
	Registration Dist. No. 294
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.
	If U. S. Veteran, specify WAR
	St., Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
	22. I HEBEBY CERTIFY, That I attended deceased from 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19
	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Date of onset
	Joseph Chy Milfant Toy
	Other Contributory Causes of Importance:
	Neme of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
U	23. If death wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
	Whare did injury occur?
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
7	Menner of Injury
<u></u>	24. Was disease or injury in eny way related to occupetion of decaesed? If so, specify (Signad)
-	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE O	F DEATH			39:0/				
. County T	albot			Registration Dist. No. 290				
Village or City on				No. Emergency Hospital St.				
	To bell	death occurred		death occurred in a hospital or institution, give its NAME instead of street and in 12 by 5. How long In U.S. if of foreign birth?m	number)			
2. FULL NA	ME Magdalen	e Mitchell		If U. S. Veteran, specify WAR				
	nce: No. Easton,			St. Ward.				
		(Usual place	of abode)	If nonresident give city or town and	State			
PERSON	NAL AND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH				
Female	Black	singl		October 6, (Month) (Day)	, 193((Year)			
5a. If married, widow HUSBAND of	wed, or divorced			22. I HEREBY CERTIFY That I attended				
(or) WIFE of				22. I HEREBY CERTIFY, That I attended Oct. 5 137 to Oct. 6				
		De la	1927	00+ 6 37	.: daath is said			
	(month, day, and yaar) ars Months	Pays	If LESS than	to have occurred on the date stated above, at 6.50 a.m.	_; daatii is said			
	2	0	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causas of Importanca				
2 Trade profe	1		1 ormin.	were as follows:	Oate of onsat			
kind of	ession, or particular work dona, as SPINNER, R. BOOKKEEPER, atc			miliary Tuberculos	7			
Industry or	business in which			mariany morning	·			
SAW MI	as dona, as SILK MILL, LL, BANK, etc			9				
10. Oate dacea:	10. Oate daceasad last workad at this occupation (month and spent in this				*			
		occu	pation	Other Contributory Causes of Importanca:				
12. BIRTHPLACE (c	ity or town) Easton.	R.D. Tall	ot County	College Colleg				
(State or cou	intry)							
13. NAME	Zeke Mitche	11			-			
13. NAME 14. BIRTHPLAC	E (city or town) Tal bo	t County		Name of operation				
(State o	r country)			What test confirmed diagnosis Confirmed Was there and	utopsy?_2			
15. MAIOEN NA	AME Dorothy	Thomas		23. If death was due to external causes (VIOLENCE) fill in also the following	: 0			
16. BIRTHPLAC	E (city or town) Talb	ot County		Accident, suicida, or homicide? Date of injury	, 19			
State or country)				Where did Injury occur?				
17 INFORMANT Mrs. Harry Whitby				(Specify city or town, county and Stat Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PL	ACE.			
(Address)		ton, Md.						
	TION, OR REMOVAL	Date Oct	7 12	Manner of Injury				
Place	aston, Md.	Date DG C	1504	Nature of injury				
19. UNOERTAKER	as Il	1/10	d	24. Was disease or injury in any way related to occupation of deceased?	200			
(Addrass)	Caster ?	John		If so, specify				
20. FILEO 10	2 1937 7	754.//2	lais	(Signad)				
/		g = ab = # = 1(g d = 2)	Registrar.	(Address) Saalon	how			

V. S. No. 1

N. B.

PHYSICIANS should state

of OCCUPA.

Exact statement

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

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1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

	or-	STATE OF MARYLAND—	CERTIFICATE OF DEATH	1203
	infor- state UPA-	1. PLACE OF DEATH	125	
	113	County Talbot	Registration Dist. No. 2	90
(33)		Village or City Royal Oak	No. "Outside" St.	Ward
UM,	= 0 /		death occurred in a hospital or institution, give its NAME instead of street and nur	
-	NS NS	Langth of rasidence In city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmos.	ds.
	Every CIANS ement	2. FULL NAME James & Mujery	If U. S. Veteran, specify WAR	
	CD. Every YSICIANS statement	(a) Residence: No. Royal Wah	Mard. Ward.	
		(Usual place of abode)	If nonresident give city or town and St	inte
	REC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	E K	3. SEX 4. COLOR OR RACE 5. SINGLE ARRIED, WIDOWED, OR DIVORCED (write by word)	21. DATE OF DEATH 12-4	7
75	G L	male colored suige	(Month) (Day)	(Year)
Ž	MANEN ACT assified	5e. If merried, widowed, or divorced HUSBANO of	22. DHEREBY CERTIFY. That Lattended de	/
BINDIN	A A ass	(or) WIFE of	22. HEREBY CERTIFY. That lattended del	10 3>
Z	SX2	S DATE OF BIRTH (month day and was) SERT27-1888	i last saw h alive on Def 2 1932 :	death le said
	at Ly	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 15.65 Q.m.	Geath 13 Said
FOR	A rted oper tific	149_ 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
F	IS sta pro cert	8. Trade, profassion, or particular	wara es follows	Date of onsey
A	IIS be of	Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Lege or Cemilia	1/24/3
RESERVED	ould may back	9. Industry or business in which work was dona, as SILK MILL,		
3R	32 -	SAW MILL, BANK, etc		
SS	F-4			
RE	NG I AGE that ons o	yaar)occupation	Other Contributory Chases of importance:	,
Z	NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Tayal Call	Mail noused	9/20/
GIN	ied.	(State or country)		/_/_
1R		14. BIRTHUACE (city or town)		
K	H U sul	2 14. BIRTHELACE (city or town)	Neme of operation Dete of	
	ITH Illy su plain . See	(State of Edunity)	What test confirmed diagnosis? Was there an aut	opsy?
4	WITI efully in pla ant.	15. MAIDEN NAME Etheliseda Freelds 16. BIRTHPLACE (city or town) Proyal Dak) (State or country)	23. If deeth wes due to externel causes (VIOLENCE) fill in also tha following:	
13		5 16. BIRTHPLACE (city or town) Trayal Case	Accidant, suicide, or homicide? Date of injury	, 19
47	d be ca DEATH y import	(State or country)	Where did injury occur?	
		17. INFORMANT Lalla W. Gelesoil	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	E.
	Should OF D	(Address) - Royal Car Hed	In troul '	
	Sh sh is v	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	WRITE ation s AUSE ION is	Place Margar Well Date Por 1997	Nature of injury	
-	-WRITE mation s CAUSE TION is	19. UNDERTAKER SOLUL D. Wulleaus	24. Wes disaase or injury in any way related to occupation of daceased?	29,
No.	8	(Addrass) Carton red.	If so, specify	1-0
92		20, FILED 10 /2 1937 M.H. Herry	(Signed) - faifmend Ja HT4	M. 0
>	Z	Registrar.	(Address)/_ Zastas Si	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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RIKEAU V S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state AD. Every item of inforproperly classified. Exact statement of OCCUPA-PHYSICIANS WITH UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be B.—WRITE PLA

FOR BINDING

MARGIN RESERVED

STATE OF MARKIEMIND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County \albot	Registration Dist. No. 290
	No. Gener gency Horaital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidence in city or town where death occurred	os. & . 2 ds. How long In U.S. if of foreign birth?yrsmosds.
2, FULL NAME / the William H. dulles	If U. S. Veteran, specify WAR
(a) Residence: No. Loldsboro Maryland (Usual place of object)	St, Ward. Co
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH October 13, 1937
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Sarah E. Jullen	22. HEREBY CERTIFY That I attanded decaased from 1937, to 13 1937
5. DATE OF BIRTH (month, day, and yeer) May 24, 1860	I last law hause elive on Liel 13 , 1937; death is said
AGE Yaars Months Oays If LESS than	to have occurred on the deta steted ebove, at Li-47.Aim.
77 \ \ \9 \ \ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows: Data of onset
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chronic interstitial
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	ruffert: 24h
work was done, as SILK MILL, SAW MILL, BANK, etc	1 typutraphied protet 4 ys
2. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) 13. NAME 13. NAME 13. NAME	_
14 DIDYURI AGE	Neme of operation world in resection Oate of - 2 2 - 37
14. BIRTHPLACE Lity or town) (State or country)	What test confirmed diegnosis Company 200 Was there en autopsy? 200
15. MAIDEN NAME Queux Herd	23. If death was due to externel ceusas (VIOLENCE) fill in elso tha following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
7. INFORMANT R. B. Rawlings (Address)	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece Greens to Ma Oats Cal 1/5 , 1936	1 - Nature of injury
B Rambiner.	24. Was disease or injury in any way related to occupation of daceesad? 200
19. UNOERTAKER (Address) Leensbook Wild.	if so, specify
10/14 29 7/1/1	(Signed) M, D
20. FILED. 19.19. Registrar.	(Address) Easton 2nd.

STATE OF MADVIAND_CEDTIFICATE OF DEATH

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be roturned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person Contract of the second who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis NOV @ 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUPFAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	16 1 1000	Other contributory causes of importance:		
Gaustones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEATH	23
County Talket	Registration Dist. No. 270
Village or City Head Eatlor	No. Culside ' St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U. S. If of foreign birth?yrsmosds.
2. FULL NAME Mystle Odelia Skins	11 U.S. Yeteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 19 193 37 (Month) (Day) (Year)
5a. If married, widowed, or diverced	
HUSBAND OF Auxel Skinner	22. I HEREBY CERTIFY Thet I ettended deceesed from 1937, to 1937
6. DATE OF BIRTH (month, day, end year) have any - 1457	I last sew here elive on Oct 18 1937; deeth is said
7. AGE Years Months Days If EESS than	to have occurred on the date stated above, at 10 2 m.
30. My Known 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Hauseurefu . SAWYER, BOOKKEEPER, etc.	1
	Daseous Beumonia: a
9, Industry or business in which work was done, as SILK MILL,	pre-existing tubor 1
SAW MILL, BANK, etc	Distrotion 2 one years.
this occupation (month and 13012) spant in this occupation	Curf.R.
Maryland.	Other Contributory Causes of Importance:
[12. BIRTHPLACE (city or town)	2 00 kg ho.
13. NAME Gilbert Dudley	Significant de la constitución d
I The wide	Supertinaposed upor the superculated: al contributing.
14. BIRTHPLACE (city or town) (State or country)	Name of operation W. C. Foetow's Date of What test confirmed diagnosis? World Wes there an autopsy? W. C. West there are a more than the confirmed diagnosis?
	What test confirmed diagnosis? W. O. Wes there an autopsy? W. C. 23, If death was due to external causes (WOLENCE) fill in also the following:
15. MAIDEN NAME Oclia Hask. 16. BIRTHPLACE (city or town). Unguina (State or country)	Accident, suicide, or homicide? 40 Date of injury 19
(State or country)	Where did Injury occur?
17. INFORMANT June Skinner	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) And The Market 18. BURIAL, CREMATION, OR REMOVAL	Manage of Livery
Plece Sactar Date Col. 22, 1937	Manner of Injury Nature of Injury
10 HADERTANER ADMIS A Sheare non	24. Was disease or injury In any way related to occupation of deceased? We
19. UNDERTAKER (Address) Barlow Md.	If so; specify
20, FILED 16/2/ 137 11. 14. Merica	(Signed) thelep to preyers, M. D
Registrar.	(Address) of Muchalla Mid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	/ 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	OR FUI	RTHER ST.	ATEMENTS	\mathbf{BY}	PHYSICIAN
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Registrar.

If more blanks are needed, address State Registrar,

eath occurred in a hospital or institution, give its NAME instead of	street and number
ds. How long in U.S. If of foreign birth?yrs	
If U. S. Veteran, specify WAR	
St., Ward. If nonresident give city or	town and State
MEDICAL CERTIFICATE OF DE	ATH
21. DATE OF DEATH Stillform 10/ (Month) (Oay)	, 193 7 (Year)
22. HEREBY CERTIFY, That, I	attended deceased from
West, 4, 1937, 4 Oct	4, 1937.
1 last saw him elive on dead 10 ft	, 1937; death is said
to have occurred on the date stated above, at	
The PRINCIPAL CAUSE OF DEATH and related causes of Import were as follows:	
neid es jununs.	Date of onset
Itel Born	
Other Contributory Causes of Importance:	
Name of operation	
Name of operation	there an autopsy?
Name of operation	there an autopsy? B following: ry, 19
Name of operation	there an autopsy? B following: ry, 19
Name of operation	there an autopsy? s following: ry, 19 ly and State) UBLIC PLACE.
Name of operation	there an autopsy? a following: ry, 19 ly and State) UBLIC PLACE.

-WRITE

m

17. INFORMANT (Address)

19. UNDERTAKER

(Address)

10

18. BURIAL.

20. FILED.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	9	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
NOV 6 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

V. S. No. 1

ż

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH County Jallace St. Ward Langth of residence, while yor town where deeth occurred. Jallace Jal			JIMIL	OI MITTI	TILITIE	CERTIFICATE OF BEATTI
Village or City. Village or C	1	L PLACE O	F DEATH			107:00
Village or City Length of residence, lability or town where deeth occurred Length of residence, lability or town where deeth occurred Length of residence, lability or town where deeth occurred Length of residence, lability or town where deeth occurred Length of residence, lability or town where deeth occurred Length of residence, lability or town where deeth occurred Length of residence, lability or town where deeth occurred Length of residence, lability or town where deeth occurred Length of residence, lability or town where deeth occurred Length of residence, lability or town where deeth occurred Length of residence, lability or town where deeth occurred Length of residence, lability or town where deeth occurred Length of residence, lability or town where deeth occurred Length of residence, lability or town where deeth occurred Length of residence, lability or town and State PERSONAL AND STATISTICAL PARTICULARS Length of residence in the control of		County	Talbot			
Length of residence in a longifile or insufficion, give in IVAR intended of users and number) Length of residence in a longifile or insufficion, give in IVAR intended of users and number) Z. FULL PARTIE 4. COLOR OR RACE S. SINCLE MARRIED, WIDOWED S. IT Married, widowed, or divorced Worked or divorced Worked or of the control of t		Village or C	city East	m		No General of the nital so ward
2. FULL PAME A Residence: No. Full gety County and State PERSONAL AND STATISTICAL PARTICULARS J. SEX M. 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORED (wint the word) Se. If married, widowed, or divorced						f death occurred in a hospital or institution, give its NAME instead of street and number)
PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORED (wine the word) 5. H. Marriad, widowed, or divorced (Or) WIFE of (O		Length of resi	idence in city or town wher	e deeth occurred	yrsmos	ss dow long in U.S. it of foraign birth?yrsmosds.
3. SEX M 4. COLOR OR RACE OR DIVORCED (wind the word) Se. If married, widowed, or divorced HUSSAND or (or) WITE of HUSSAND OR (or) WITE or (or) WITE of HUSSAND OR (or) WITE	1		70.8	y Mar	yland	St., Ward.
Se. If married, wildowed, or divorced HUSEND or Germit the word) Se. If married, wildowed, or divorced HUSEND or Germit the word) Se. If married, wildowed, or divorced HUSEND or Germit the word) Se. If married, wildowed, or divorced HUSEND or Germit the word) Se. DATE OF BIRTH (month, day, and year) Mag. 10, 1932 S. DATE OF BIRTH (month, day, and year) Mag. 10, 1932 I LESS than to heave occurred on the date stated above, at. 1.2 m. The PINCEAL CAUSE OF DEATH and related causes of Importance ware as follows: S. ATTRICE, profession, or particular find of work done, as S. PINNER, S. SAWER, BOOKKEPER, etc. Jone Street, S. ANGER, S.		PERSON	IAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE 5 Years Months 1 Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular or min. 1. Date of work doe as \$PINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as \$ILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as \$ILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as \$ILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as \$ILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as \$ILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which was a saw or as associated coasses of importance. 12. BIRTHPLACE (city or town) (State or country) 13. NAME Claudes H. Lange of particular or was there an autopay? No Material or was there an autopay? No Material material essess (VIOLENCE) fill in also the following: 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Particular or was there are an autopay? No Material causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT	3.	SEX M		OR DIVORCE	ED (write the word)	Oct over 2.5 1937
(or) WIFE of (o	5e.	If marriad, widow	red, or divorced			
6. DATE OF BIRTH (month, day, and year) 7. AGE 5 Years Months 1 day 10, 1932 11 last saw h		(or) WIFE of				
7. AGE 5 Years Months 5 Days It LESS than 1 day		DATE OF BIRTH	(1 1	932	Total Control of Advances (Vocasia)
The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows: 8. Trade, profession, or particular kind of work done, as SPIRNER, SWAYER, BOKKEPER, etc. 9. Industry or business in which the work was due as SILK MILL, BARK, etc. 10. Date decassad last worked at this occupation (month and soccupation occupation) 12. BIRTHPLACE (city or town) 13. NAME Classath the country) 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVIL Place Address) 19. UNDERTAKER 19				10		
8. Trade, profession, or particular Kind a work done as SPINNER, SAWYER, BOOKERPER, etc. 10. Outer done as SPINNER, SAWYER, BOOKERPER, etc. 10. Outer deceased last worked at this occupation (month and year) 10. Date deceased last worked at this occupation (State or country) 11. Total tims (years) spent in this occupation Other Centributery Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BIRTHPLACE (city or town) (State or country) 18. BIRTHPLACE (city or town) (State or country) 19. What did Injury occur? 11. Total tims (years) spent in this occupation Neme of operation What test confirmed diagnosis? 18. BIRTHPLACE (city or town) (State or country) 19. What did Injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Address Manner of injury Nemer of injury Nemer of injury Place Address					1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Skind of work done, as SPINNER, SAWYER, BOKKEPER, etc. 4. Industry or business in which work was dona, as SPINNER, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (Citato or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Clarks H. Thomas 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVIL Place Accident, as deseased in Industry, in HOME, or In PUBLIC PLACE (Address) 18. BURIAL, CREMATION, OR REMOVIL Place Accidents Place Accidents 19. UNDERTAKER 19. Or FILED 19. O		9 Trade profes	ecion or particular		ormin.	ware as follows:
Second S	NO	kind of y	work done, as SPINNER,	1. 1		
Second S	ITY	9 Industry or	business in which	Dove	_	
Second S	P.	SAW MIL	s dona, as SILK MILL, LL, BANK, etc			1 0 01: 20
12. BIRTHPLACE (city or town) Catalog Ca	Ö	10. Date decaas:	ad last worked at	11. Total	tima (years)	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVEL Place (Address) 19. UNDERTAKER (Address) (Address) 19. UNDERTAKER (Address) (Add		yaer)				
(State or country) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. State or country 10. Universal of the country of	12.	BIRTHPLACE (cit	ty or town) Rid	alan		Other Continues of Importance.
What test confirmed diegnosis? No. 2 Was thara an autopsy? No. 23. If daeth was due to extarnel causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Assillationship Dete Clef 28, 1937 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Addres				i i		
What test confirmed diegnosis? No. 2 Was thara an autopsy? No. 23. If daeth was due to extarnel causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Assillationship Dete Clef 28, 1937 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Addres	ER	13. NAME	Charles H.Th	emas		
What test confirmed diegnosis? No. 2 Was thara an autopsy? No. 23. If daeth was due to extarnel causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Assillationship Dete Clef 28, 1937 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Addres	ATH	14. BIRTHPLACE	(city or town) Rie	dalou		Neme of operation Nove Date of
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Dete 19. UNDERTAKER (Address) (Address) (Address) 19. UNDERTAKER (Address) (Addre	F			vry land		What test confirmed diegnosis? No
Whata did Injury occur? (Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVA Place Suite Francy Dete Let 28, 1937 Nature of injury 19. UNDERTAKER (Address) Polluis (Address)	ER	15. MAIDEN NA	ME Elinal	old Slo	mahler	23. If daeth was due to externel causes (VIOLENCE) fill In also the following:
Whata did Injury occur? (Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVA Place Suite Francy Dete Let 28, 1937 Nature of injury 19. UNDERTAKER (Address) Polluis (Address)	DIH	16. BIRTHPLACE	(city or town)	mlore		
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place wills rough Dete Clef 28, 1937 19. UNDERTAKER (Address) 24. Wes disease or injury In any way related to occupation of deceasad? No (Address) (Address) (Address) (Address) (Address) (Address) (Signad) (Signad) (Signad) (Signad) (Signad)	Σ			10.		Whara did Injury occur?
(Address) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER 19. UNDERTAKER (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Signad) (Signad) (Signad) (M. D.	17	INFORMANT	has the sale	nH. Th.	00000	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Place Willsbrungh Dete (let 28, 1937) 19. UNDERTAKER A. B. Polluis (Address) 24. Was disease or injury In any way related to occupation of deceased? No If so, specify (Signad) (Signad) (Signad) (M. D.	17		Richalas	Hd.		
19. UNDERTAKER A. B. Pollius (Address) 24. Was disease or injury In any way related to occupation of deceased? No If so, specify (Signad) (Signad) (Signad) (Mature of injury Nature of injury (Signad) (Signad) (Signad) (Signad)	18	BURIAL, CREMAT	TION, OR REMOVAL	10.	0	Menner of injury
(Address) Greusloco Med. If so, specify. 20. FILED 10/26 1937 M. H. Del M. D. (Signad) Elamon H. Ind Cong. M. D.		Place AL	elstoneyy	Dete Cle	28 ,1937	Nature of injury
(Address) Greusloco Med. If so, specify. 20. FILED 10/26 1937 M. H. Del M. D. (Signad) Elamon H. Ind Cong. M. D.	10	IINDEDT AVED	PB PM	Elevis		24. Was disease or injury In any way related to occupation of deceasad? No
20 FILED 10/26 (1937 M. A. M.D. (Signad) Elaanon H. Ind Cary M.D.	19		anew	elors 7	ud.	
Registrar. (Address) 213 Down Street East on Hd		-1010	((.22)	2 W. no	1.0.	(Signad) Elaanor H. Int Cong M.D.
	20	FILED	19D.//	1-07-118	Registrar.	(Address) 213 Dover Street East on Hd

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	ample I	-	Example II		
The principal cause of death of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arterioselerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	NOV 6 193	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago	
	BUREAU V.	S.			
Other contributory causes o	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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V. S. No. 1

S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	208
1. PLACE OF DEAT		0		948	
County / A				Registration Dist. No. 29	}
Village or City	ASTON	Md	/1	NoSt.,St.,St., death occurred in a horpital or institution, give its NAME instead of street and numb	War
Langth of residence in di	or town where de	eeth occurred		How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME G	eox Ge	ttA.	WAYNEY	TLGHMIN'S. Veteran, specify WAR	
(a) Residence: No.				St., Ward.	
				If nonresident give city or town and State	:
PERSONAL ANI	OR RACE			MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
FEMALE C	OK KACE	OR DIVORCE	RfED, WIDOWED, D (write the word)	Oct. 18 193	7
Sa. If married, widowad, or divor	cad	Wido	Med.	(Month) (Day)	(Yéar)
HUSBANO of Ro	YAL TIL	GHMA.	N.	22. HEREBY CERTIFY, That I attended dece	ased from
		^		Trid not see for al	19
6. DATE OF BIRTH (month, day 7. AGE Yaars	, end yaar) /V () Months	V. 9 , /	If LESS than	to have occurred on the date statad above, at. 1 1 2 m,	ath is sai
66	9	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance	
8 Trade profession or ne	rticular	1 / 0	ormin.	were as follows:	te ol onse
kind of work done, s SAWYER, BOOKKEE	es SPINNER, PER, etc	1		Carovaria occlusion 1	0-18
work was done, as S	ILK MILL,	abor.			
10. Date dacaased last worl	ked at	11. Totel t	ima (yaars) nt in this		
this occupetion (mon	th and	spe	ntin this upation		
12. BfRTHPLACE (city or town)	Cord	OVA		Other Contributory Causes of importance:	
(State or country)	ALLE	Con			
13. NAME W/L		WAY			
14. BIRTHPLACE (city or too	Nn) CH	Aper	o. Md .	Nama of operation	
	MAYK		ver,	What test confirmed diagnosis? Was there an autop	sy?
15. MAIDEN NAME 16. BIRTHPLACE (city or tou	CON		1	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	10
(State or country)	TALL	ot Co.	Md	Where did injury occur?	, 13
17. INFORMANT OSC	AY Ti	LSHN	IAN.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
(Address) EA	STON	TALLO	t.Co.Ma		
18. BURIAL, CREMATION, OR R		ota XX	nt27	Manner of injury	
		, , ,		Hattie Crinjury	
19. UNDERTAKER FAYL (Addrass) FA	STON.	Att	oyd.	24. Was disease or injury in any way related to occupation of deceased?	20
10/0	24 M	21 m	2121	If so, spacify (Signed)	. M
20. FILED	92//:	1X-1-()	Registrar.	(Address) Zaota Ima	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	li li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV 6 1937	July 5,1927	Perilonilis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TID DIALOGIZAM	DI TION Y ON	T CACTALIAN	DAGE A LANGE LIGHT AND	40 4	T TE T DECITED

PHYSICIANS should state d. Every item of infor-Exact statement of OCCUPA. LY, WITH UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. certificate. AGE should be See instructions on back of mation should be carefully supplied. TION is very important. B.—WRITE PL

FOR BINDING

MARGIN RESERVED

V. S. No. 1

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	CERTIFICATE OF DEATH	1209
1. PLACE OF DEATH	TO TO	,
County Vallot	Registration Dist. No. 2 9	J
Village or City 18t. Muchaela	No. St., death occurred in a horpital or institution, give its NAME instead of street and state of the state	Ward
.5 /	ds. How long in U.S. if of foreign birth?yrsm	
2. FULL NAME Esthers M. Vallants	If U. S. Veteran, specify WAR	
(a) Residence: No. Ala Michael (Usual place of abode)	St	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 20 (Month) (Day)	, 193_7 (Yaar)
456. If married, widowad, or divorced HUSBAND of (or) WIFE of Tolk Vallsant	22. PI HEREBY CERTIFY That I ettended	deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h & alive on Oet 20, 1937	; daath is said
72 5 J 5 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onsst
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaesad last worked et this occupation (mod/M and spent in this corporation to the spent in this corporation).	Carcinoma of	about
9. Industry or business in which work was done, as SILK MILL,		2413
SAW MILL, BANK, etc 10. Date decassed last worken et this occupation (module of years) spent in this 52 4/28 occupation	Lu cestuce	ago
12. BIRTHPLACE (city or town) - Hew york State	Other Coatributary Causes of importence:	
13. NAME John tholyneaux		
14. BIRTHPLOCE (city or town) Mew york	Name of oparation Data of	
(State of Country)	What test confirmed diagnosis? Wes there an a	autopsy?_/Lo
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) MATHORITY (State or country)	23. If death was due to axternal causas (VIOLENCE) fill in also the following Accident, suicide, or homicide? Dete of injury Where did injury occur?	, 19
17. INFORMANT Norman Shanshaw (Address) It. Michaelar and	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Mullaels Data Oct 23 ,1937	Menner of injury	
19. UNDERTAKER Mewnam & Vainson (Address) St. Michaels, Ma	24. Was disease or injury in any way related to occupation of deceased?	No
20. FILED Oct 21, 1934 John Huwales Zocal Registrar.	(Signad) Address) St. Michael	lo, mid

CTATE OF MADVIAND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	Jaly 5,1927	Peritonitis	3 days ago	
NOREAU.	13			
Other contributory causes of importance:	-	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Registrar.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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